UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees
Name: Muck Bel Uil Des Daytime Telephone
New Member of or Candidate for State: V.S. U.S. House of Representatives District: 9 Check If Candidates — Date of Election:
STATUS New Officer or Employee Period Covered: Jaruary 1, 並介了 A \$200 penalty shall be assessed against any Employing Office: いかきのは、 いたまない いまない こうしょうしょう にはいはいまい いっぱい こうしょうしょう にはいはいまい いっぱい こうしょうしょう にはいはい いっぱい こうしょうしょう にんしゅう いっぱい はいまい こうしょう こう こうしょう こう こうしょう こう こうしょう こうしょう こうしょう こうしょう こう こう こうしょう こう こうしょう こう こう こうしょう こう こうしょう こうしょう こうしょう こう こうしょう こう こうしょう こう こうしょう こうしょう こうしょう こうしょう

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

THIS FORM INCLUDES OF	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honorarie, or pension/IRA distributions) of \$200 or more during the reporting period?	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unsamed income from any reportable esset during the reporting period?
NLY THE SCHEDULE	Yes	Yes No	Yes No
	ATTACH THE CORRESPONDING SCHEDINE IF YOU ANSWER "YES"	F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calandar year up through the date of filing?
	šá Š	** ** **	ves No

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

														무었석			-
7						寸	~			~	မွာ	5				į	Ass
[]				•	- [Ì	S	4	4	K	Ÿ	अवतार देवत्र गांद्र					Assets and/or Income Sources
					- 1	Į	ح]		ŒΝ		Ď.	5	Y				<u> </u>
							_	>	CNEV	DEPUNILLE	かれれ	K	MAST.	ABBET NAME			<u>.</u>
1					- 1	ľ	SINGRE	7	2	7	0	N	$\mathcal{Z}_{\boldsymbol{a}}$	4			
		. !			- 1	ı	5	. \	A	2	8	Ž	11	Ž			5 7
			i .]	ļ		ŀ	Z	3	_	Ē		Ğ	j	m		,	₹
					- 1	ľ	5	5	0	S	Z	Z				9	8
			}			į		ष्र		' ''	M	X	1	f I			2
					-4		7	-			ļ	7.	ļ				6
											<u> </u>	<u>\</u>	<u> </u>	4%		· · · · · ·	
										<u> </u>	ļ		—		Hone >	-	
_									<u> </u>		-	-	<u>-</u>	!	\$1-\$1,000 80	1	
	-						4			 	}	├	├		\$1,001-\$15,000	4	
	ļ									<u> </u>	<u> </u>	 	ļ		-\$#1,001-\$50,000 G	-	_
	 									ļ	-	├		-	\$50,001-\$100,000 m	┨	<u> </u>
		<u> </u>	Ш					乙	 	<u> </u>	1	 	 		\$100,001-\$260,600	-	8
		<u> </u>				\square		<u> </u>	 		 	V	Ļ	 	\$250,061,5806,000	-	Value of Asset
-	<u> </u>			<u> </u>				; 	<u> </u>	-	-	ĮΖ.	¥		\$500,081-\$1,000,000 ==	-1	60 '
												ļ	ĻZ	.	\$1,000,001-\$5,000,000	-{	*
	<u> </u>		,	<u> </u>						ļ	├	-	!	!	\$1,000,001-825,000,690	-{	
		L		<u> </u>				<u> </u>	L	├	-	ļ			\$25,000,001-\$50,000,000 ×	-	
	 	ļ						ļ <u>.</u>		ļ <u></u>	ļ		ļ	 	Over \$50,000,000	-	
	1			-				<u> </u>	<u> </u>	┞	┡	1	{	 	SpousskijiC Asses over \$1,000,000" 🕿		
	<u> </u>					\Box		Ĺ	(<u> </u>		Ļ,	L.	ļ	ļ	NONE	4	
	<u> </u>	<u> </u>								L.,	×	X	<u> </u>		DIVIDENDS	1	
	<u> </u>									L	<u> </u>		<u> </u>		RENT] ,	₹
								<u> </u>				<u> </u>	之	<u> </u>	INTEREST		8 ,
										1	Π			1	CAPITAL GAINS	1	Type of Income
1	\vdash							i	\Box		T	1	!		EXCEPTED/BLING TINUST	1	ត្ត ខ
	1	-	 					i	 	1_	<u> </u>	T	1	1	TAX-DEFERRED	1	3
	╁─	 	 -				(2)	P	4	橡	1	_	 	 		1	
	1	İ		1			仑	Z	辽	星				l	Other Type of knowne (Specify: e.g., Parkweship Income or Ferm Income)	ı	
┿-	╄			-		ļ <u>.</u>	1	3	-	₩	L,	╄-	<u> </u>			 	
	-	_	!	 			Z	¥	\$2 5	₽	¥Z	╄		 	None	1	
			}	 		-	 	┢┈	┼—	├	┼	 	+	╂		1	
	┦	 	ļ	├	 	}		<u> </u>		}	┼-	┼	1/	} -	\$201-\$1,000 III \$1,001-\$2,500 R		
	1		 		-		 	 -	-	├-	╁╾	-	 	╁		,	
	╄	┢	-	├-	├			├	┼	┼	╄┈	╂	╫	┼──	 5		
	╁-	-	-	 	ļ		 	├	\vdash	┼	+-	×	+	 	\$15,001-\$50,000 ≤	: [
	 	 	 	├	 	 	-	 -	╫	+-	╁╾	-/-	<u> </u>	 	\$6,001-\$15,000 ≤ \$15,001-\$50,000 ≤ \$80,001-\$100,000 ≦		
	┼	 	!	├	ļ	 	 	!	\vdash		\vdash	-	!	╂	\$50,001,8:104,001,8 \$2 000,000,18:104,001,8	ł	
	 	-	i	├	\vdash	 	├─	_	⊬	┼	╀	╁╌	†	╁	\$1,000,001,\$6,000,000 ×		>
	 	├	<u> </u>	├	 	├ -	┝	 	 	┼-	+	╁	 	╂	Over \$5,000,000 ×		Amount of Income
	┼	├	i –		 	├		i - -	╁╌	╀┈	+-		i -	┼─	Spoussici C Income over \$1,000,000° ≥	1	5 8
	┿	 	-		-	-	×	X	17	+	┿	┿╾	+	┼	Hone -	┥ ;	ant of Inc
	┼─	┼		├-	├	_	۲->		₩.	+	+	٠,	╅┈┈	${f -}$	51-\$200 ==		₹ '
	┼-	├		├				╫	 	+-	₩-	1	ᅕ	 	\$201-\$1,000 😑		ğ
	╫	-				-	├	┢┈	┼	abla	+	+-	1	}—	\$1,001,62500	i	
	-	-	\vdash			 		┯	\vdash		\	\dagger	+	1	\$2,901-\$5,000 < 0 \$8,001-\$15,000	1	
	+	\vdash	 	 		 	 	 	+	+	+	+-	1	1	\$6,001-\$15,000 ≤ 8		
+-	+	-			\vdash	 	\vdash	†	†	+-	\top	+	+	1	\$15,001-880,008 ≦	i	
	\vdash	Τ-	\vdash	 	-	1	\vdash	 	 	 	\top	†	+	1	\$80,001-100,000	•	
	1	Ι	1		$\overline{}$		Ι	1	1	\vdash	1-	Z	I	T	\$100,001,\$1,000,080 😾	ſ	
		+	\vdash		T		Ι-		T	1	1	 	1	1	\$1,000,001-\$5,000,000 ×	1	
	1	1	ı					-	4		+		-				
	-	-				<u> </u>		1		1	1		1	1	Over \$5,000,000 🔀	1	

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: MCHARL WICOBS

Page of

SCHEDULE C - EARNED INCOME

	
Name:	
13	
CUAN	
100	
ي	
5	
W	
Pag	
의	
K	
M	

Ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse carned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroil. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$27,225. The 2016 smill is \$27,465. In addition, certain types of income (notably hororaria, director's fees, and payments for professional services involving a fluciary relationship) are totally prohibited for Members and senior staff. Source (include date of receipt for honoraria) Include date of receipt for honoraria date of the date of receipt for honoraria, date of the date of the date of receipt for honoraria, date of the date of the date of receipt for honoraria, date of the dat	Type Type Type Hopgratum Source Speed Spource Speed	Am Current Year to Filing Sagon Current Year to Filing Sagon Sagon NA Am Current Year to Filing Sagon NA Agon A	2015 limit on outside earned income for noraria, director's fees, and payments for Amount Precading Year Scon Scon Studio 10,000 10,000

Name:	
3	
くなならく	
BONION	
Page	
\$ \\\\	\

Report liabilities of over \$10,000 owed to any one creditor at any tittle during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all flabilities secured by real property including montgages on their personal residence. Exclude: Any montgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or shifting of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held safely by your spouse or dependent child.

			င် န		
		Exemple			
		First Back of Wilmington, DE	Creditor		
		Srgs	Date Liability Incurred MO/YR		
		Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000		
			\$50,001- \$100,000	n	
		×	\$100,001- \$250,000		L
			\$250,001- \$500,000	m	moun
			\$500,001- \$1,000,000	**	Amount of Liability
			\$1,000,001- \$5,000,000	6	ability .
			\$5,000,001- \$25,000,000	æ	
			\$25,000,001- \$50,000,000	_	
			Over \$50,000,000	_	
			Over \$1,080,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, morprofit organization, labor organization, or educationed or other institution other than the United States. Excitate: Positions held in any resignous, social, frahernal, or political entities (such as political parties and campaign organizations); and positions socially of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

CARDOZO SadooL of LAW	PROJUNG TYME
いしののナルおうのかんのこ	ATTORNEY
Name of Organization	Position

SCHEDULE F - AGREEMENTS

Name: 171/C HABIL
E CO
Page of X

ADJUNCT PROPERSON	CARROZO SONOLIA CAN
(BCBC SERVICES	いこのなというである。
Accounting Services	Example: Doe Jones & Smith, Homestown, Homestake
Brief Description of Duties	Source (Name and City/State)
Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered consideration as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.	Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This is customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
PAID BY ONE SOURCE	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE
Terms of Agreement	Date Parties to Agreement
Identify the date, perties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or defends of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan methalished by a former employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of ab continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee